CURTISS DENTISTRY

DENTAL HISTORY

Patient Name____ Date____/____/_______

So that we may understand your dental needs and concerns better, please complete this dental history form.

What is the reason for your visit today? ____

Date of last dental visit __________ Last dental cleaning ___________ Last full mouth X-rays ___________

What was done at your last dental visit? ____

Previous dentist's name ______________________________City _______________State___________

How often do you have dental examinations? ____

How often do you brush your teeth? __________________ How often do you floss? __________________

What other dental aids do you use? (Interplak, toothpick, etc.) ____________________________________

Do you have any dental problems now? ❑Yes ❑No

If yes, please describe ____

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Have your parents experienced gum disease or tooth loss? ❑Yes ❑No

Have you noticed any loose teeth or changes in your bite? ❑Yes ❑No

Does food tend to become caught in between your teeth? ❑Yes ❑No

Do you clench or grind your teeth while awake or asleep? ❑Yes ❑No

Do you wake up with: ❑ Tired jaws ❑ Headaches

Have you experienced: ❑Clicking or popping of the jaw ❑ Pain in your jaw joints, ear, or face

❑ Difficulty in opening or closing ❑Difficulty in chewing ❑Frequent headaches ❑Sore muscles?

Have you ever: ❑Been treated for TMJ ❑Had your bite adjusted ❑Worn a bite splint or night guard?

Have you ever had: ❑Orthodontic treatment ❑Oral Surgery ❑Periodontal treatment?

Do you use tobacco? ❑Cigarettes ❑Smokeless

What would you like to do to improve your smile? ❑Whiten teeth ❑Straighten teeth ❑Close spaces?

Have you ever had local anesthetic (Novocain) for dental purposes? ❑Yes ❑No

Have you ever had Nitrous Oxide (laughing gas)? ❑Yes ❑No

Have you ever had any negative reactions to a dental injection or nitrous oxide? ❑Yes ❑No

Please describe____

Do you feel nervous about having dental treatment? ❑Yes ❑No

If so, what is you biggest concern? ____

Is there anything else about having dental treatment that you would like us to know?

Please explain ____

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